1/18/00/18/110

(Requestor's Name)
(Address)
(Address)
(ladioss)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

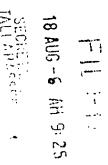
Office Use Only

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COVER LETTER

TO:	New Filing Se Division of Co					
SHRI	FCT. HUDSON	I TERRELL HOLDING	CORP			
3000	EC1	(Name of Res	sulting	Florida Limit	ed Con	npany)
				-		id fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corre	espondence concerning	g this	matter to:		
MARIA	C SOUSA					
		(Contact Person)		- 		
SOUS	A & ASSOCIATE	S INC				
		(Firm/Company)				
7345 V	V SAND LAKE R	RD, STE 304				
	-	(Address)				
ORLA	NDO, FL 32819					
	((lity, State and Zip Code)				
CARO	L@SOUSANAS:	SOCIATES.COM				
E-n	ail Address: (to be	used for future annual re-	portne	otifications)		
For fu	rther informatio	on concerning this ma	tter, p	lease call:		
MARIA	C SOUSA		at (407	800-7	7028
	(Name of Conta	et Person)	\-	(Area Code)	(Day	rtime Telephone Number)
		or the following amou a bank located in the			rocess	sed by this office must be payable in US
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status		180,00 Filing I Certified Copy		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STRE	ET ADDRESS	S:		MAILI	NG A	ADDRESS:
New F	iling Section			New Fil	_	
	on of Corporati	ons				Corporations
	n Building	or Cirola		P. O. Bo		FL 32314
	Executive Cente assee, FL 3230			i anana	3366,	16 52317

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. HU	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: JDSON TERRELL HOLDING CORP
	JDSON TERRELL HOLDING CORP (Enter Name of Other Business Entity) (Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a CORPORATION (Enter entity type: Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
	(Enter entity type: Example: corporation, limited partnership, general partnership, common law or business trust, etc.) st organized, formed or incorporated under the laws of
	08/15/2017
3,	(date of organization, formation or incorporation) The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: DSON TERRELL LLC
	(Enter Name of Florida Limited Liability Company)
(T the <u>No</u>	If not effective on the date of filing, enter the effective date: the effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after this document is filed by the Florida Department of State.) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nument's effective date on the Department of State's records.
5.	The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.

Signed this 05th day of July	<u> </u>
Signature of Authorized Representative of Lim	Hey Ljability Company:
Signature of Authorized Representative:	
Printed Name: GUSTAVO TERRELL	Title: AMBR
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: × /	<u> </u>
Signature: × Printed Name: CRISTINA KARLA CHERSON MOURA	Title: P
Signature: x	
Printed Name: GUSTAVO(TERRELL	Title: VP
Signature:	
Signature: 1 Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125,00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
Commente of Status.	φείου (Ο μποπαί)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	

HUDSON TER	RELL LLC
-	(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
9375 NELSON PARK CIR #104	9375 NELSON PARK GIR # 104
ORLANDO, FL 32817	ORLANDO, FL 32817

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

SOUSA & ASSOCIATES IN	IC
Nai	me
7345 W SAND LAKE RD, S	TE 304
Florida street address (P.	O. Box <u>NOT</u> acceptable)
ORLANDO	FL 32819
City	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent | Signature (REQUIRED)

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager AMBR	CRISTINA KARLA CHERSON MOURA 9375 NEWON PARK CIR # 104 OFLANDO, FL 32817			
AMBR	GUSTAVO TERRELL 9375 NELSON PARK CIR #104 OFLANDO, FL 32817			
	18 AUG - G			
(Use attachment if necessary)	AH 9: 2:			
CLE V: Other provisions, if any.	J			
REQUIRED SIGNATURE:				
This document is executed in accordance	an authorized representative of a member with section 605,0203 (1) (b), Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony			
CRISTINA KARLA	CHERSON HOURA			

Filing Fees
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)